

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087198

FILED  
May 18, 2006  
Secretary of State

Entity Name: CABLE ACCESS GUILD, INC.

## Current Principal Place of Business:

3424 TANGLEWOOD DRIVE  
SARASOTA, FL 34239 US

## New Principal Place of Business:

## Current Mailing Address:

3424 TANGLEWOOD DRIVE  
SARASOTA, FL 34239 US

## New Mailing Address:

FEI Number: 20-3012566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSEN, LINDA  
3424 TANGLEWOOD DRIVE  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: LARSEN, MILES  
Address: 3424 TANGLEWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34239

Title: VP ( ) Change (X) Addition  
Name: LARSEN, LINDA L  
Address: 3424 TANGLEWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34239

Title: COO ( ) Change (X) Addition  
Name: SCALZI, JOHN  
Address: 3424 TANGLEWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L. LARSEN

VP

05/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date